M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03719

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Wesley Church	STREET ADDRESS (If rural, give location) Near Wesley Church

3. NAME OF DECEASED (Type or Print)	(First) Elizabeth	(Middle)	(Last) Cephas	4. DATE OF DEATH	(Month) April (Day) 9 (Year) 1949
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH About 1874	9. AGE last birthday About 75 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Joseph Golden	14. MOTHER'S MAIDEN NAME Elizabeth				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Major Cephas			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage. Feb-15-'49

Antecedent cause(s) (b) Hypertension with Generalized ?

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arteriosclerosis

381

83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15, 1949, to 4/6, 1949, that I last saw the deceased alive on 4/6, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE W. E. Lennon (Degree or title) MD ADDRESS Federalsburg Md. DATE SIGNED 4-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE April 13, 1949	NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery	LOCATION (City, town, or county) (State) Federalsburg, Maryland
DATE REC'D BY LOCAL REG. April 13-49	REGISTRAR'S SIGNATURE Chas W Hastings	24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md.	ADDRESS

RECEIVED
APR 29 1949
BUREAU V. S.

Evidence for change of age is on:

FILM No. G 120 MAY 25 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03721

Reg. Dist. No. 111

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Secretary
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY DORCH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SECRETARY
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Herman (Last) Colbourn

4. DATE OF DEATH (Month) 4 (Day) 25 (Year) 1949

5. SEX Male

6. COLOR OR RACE Am-White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 9/25/1881

9. AGE last birthday 67 ~~64~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman

10b. KIND OF BUSINESS OR INDUSTRY Pants Factory

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas J. Colbourn

14. MOTHER'S MAIDEN NAME Laura Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (~~Yes~~, no, or ~~unknown~~) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT T.A. Colbourn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	30 min 6
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12/23, 1948, to April 25, 1949, that I last saw the deceased alive on April 22, 1949, and that death occurred at 12 45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul B. Pumney M.D. P.O. Box #95 Pusey Maryland 4/26/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE 4/27/49 NAME OF CEMETERY OR ~~CREMATORY~~ East New Market LOCATION (City, town, or county) East New Market - Dor. - Md. (State)

DATE REC'D BY LOCAL REG. 4/26/49 REGISTRAR'S SIGNATURE Elizabeth C. Smith

24. FUNERAL DIRECTOR Ruth S. Willoughby ADDRESS East New Market Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03720

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge - Rural; LENGTH OF STAY (in this place) 4 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural
   STREET ADDRESS (If rural, give location) Brookview

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Oliver	H.	Collins, Sr.	April	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	April 26, 1874	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Farm	Dorchester County, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Noble H. Collins	Sarah R. Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	None	Mrs. Lavinia O. Collins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.3 **Immediate cause** (a) Cerebral arteriosclerosis

Antecedent cause(s)

95C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac hypertrophy

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-13, 1949, to 4-17, 1949, that I last saw the deceased alive on 4-17, 1949, and that death occurred at 1:05 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. G. Blackwelder	M.D.	Cambridge, Md	4/17/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 20, 1949	Brookview Cemetery	Brookview, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-19-49	John Mace, Jr. M.D.	J. J. Trampton & Son,	Federalsburg, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03722

CERTIFICATE OF DEATH

Reg. Dist. No. 116

Dr. Brown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge; LENGTH OF STAY (in this place) 4 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 1	STREET ADDRESS (If rural give location) RFD # 1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HIRAM ELLSWORTH CREAMER	April 20, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	8/29/1862	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Dirt	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Valentine Creamer	Martha A. Rickwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	Mr. Herbert H. Higgins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	4 hours
420.1 Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	10 years
934	(c) Arteriolosclerosis (Senile)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from 4 17th, 1949, to 4 20th, 1949, that I last saw the deceased alive on 4 19, 1949, and that death occurred at 12/15 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hugh Brown	MD	Cambridge	4-22-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/23/1949	Dor. Memorial Park	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-22-49	John Mace, Jr. M.D.	LeCompte's Funeral Service Cambridge, Maryland

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03723

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 30 High Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 30 High Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): CARLEY M. DUNN

4. DATE OF DEATH (Month) (Day) (Year): April 6, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/21/1892

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Purchasing Agent

10b. KIND OF BUSINESS OR INDUSTRY: Food

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: A. J. Dunn

14. MOTHER'S MAIDEN NAME: Angenora McNamara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs. Mary R. Dunn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion.

Antecedent cause(s)

94 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Not at all, 19..., to ..., 19..., that I last saw the deceased alive on Dead on arrival, 19..., and that death occurred at about 2 A. m., from the causes and on the date stated above.

SIGNATURE John Mace Jr. M.D. (Degree or title) ADDRESS Deputy Medical Examiner, Cambridge, Maryland DATE SIGNED April 8, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4/9/1949 — NAME OF CEMETERY OR CREMATORY: Christ Church Cemetery — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG. April 8, 1949 — REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR — ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland.

John Mace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03724

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 40 Edgewood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): 40 Edgewood Ave.

3. NAME OF DECEASED (Type or Print): (First) SAM (Middle) NUDY (Last) ENNALS

4. DATE OF DEATH: (Month) April (Day) 9, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: 11-9-48

9. AGE last birthday: yrs.

If under 1 year: Months 5 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Ennals

14. MOTHER'S MAIDEN NAME: Mary Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Samuel Ennals

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute pulmonary edema due to — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) respiratory infection.

(c) (Found dead in bed.)

522
1142

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from not at all, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE: John Mace (Degree or title) ADDRESS: Deputy Medical Examiner, Cambridge, Maryland DATE SIGNED: April 9, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-10-49

NAME OF CEMETERY OR CREMATORY: Waugh Cemetery

LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: 4-11-49

REGISTRAR'S SIGNATURE: John Mace, J. M.D.

24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr.

ADDRESS: Cambridge, Maryland

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APR 12 1949
BUREAU V. S.

Evidence for change of age is on: The correct age

FILM No. G 120 MAY 25 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03725

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elliott
LENGTH OF STAY (In this place): 58 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elliott
STREET ADDRESS (If rural give location): rural

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) none (Last) Gray

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 12/23/'91

9. AGE last birthday: 57 ~~58~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: local oystering

11. BIRTHPLACE (State or foreign country): Dorchester Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Sampson Gray

14. MOTHER'S MAIDEN NAME: Ellen Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Harvey Gray, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — ?

420.1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from not at all, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at dead on arrival, from the causes and on the date stated above.

SIGNATURE John Mace J. M.D. (Degree or title) — ADDRESS: Deputy Medical Examiner, Cambridge, Maryland — DATE SIGNED: 4-12-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 4/13/'49 | NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park | LOCATION (City, town, or county): Cambridge | (State): Md.

DATE REC'D BY LOCAL REG.: 4-13-49 | REGISTRAR'S SIGNATURE: John Mace J. M.D.

24. FUNERAL DIRECTOR: Kenneth R. Thomas — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03726

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aireys
LENGTH OF STAY (In this place): 68 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchest
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aireys
STREET ADDRESS (If rural, give location): Aireys - Cambridge R.F.D. #2

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) H. (Last) Height

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Sept. 28, 8[illegible]

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: farmer

11. BIRTHPLACE (State or foreign country): Dorchester County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adolph Height

14. MOTHER'S MAIDEN NAME: Sarah E. Stanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Wife Hester Height

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure — 4 mos

420.0

Antecedent cause(s)

932

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1948, to April 6 1949, that I last saw the deceased alive on Apr. 5, 1949, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: 300 Main Cambridge Md. — DATE SIGNED: 4-8-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: April 10 — NAME OF CEMETERY OR CREMATORY: Airey — LOCATION (City, town, or county) (State): Airey Md.

DATE REC'D BY LOCAL REG.: 4-9-49 — REGISTRAR'S SIGNATURE: John Mace, J. P. & S.

24. FUNERAL DIRECTOR: Lewis H Baynem — ADDRESS: Cambridge Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 9 1949
BUREAU V. S.

03727

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 13 yrs. 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) (Last) Higman

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-18-1886

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nr. Greenwood, Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Will Higman

14. MOTHER'S MAIDEN NAME: Jennie Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 4-8-49

331

Antecedent cause(s)

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, Paranoid Type — 1935 ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-18, 19 48, to 4-8-, 19 49 that I last saw the deceased alive on 4-8-, 19 49., and that death occurred at 9:10 a m., from the causes and on the date stated above.

SIGNATURE: R G Blackwelder, M.D. (Degree or title)

ADDRESS: E.S.S.Hospital, Cambridge, Maryland

DATE SIGNED: 4-8-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 4-10-49

NAME OF CEMETERY OR CREMATORY: Taylor Cemetery

LOCATION (City, town, or county) (State): Shorttown, Md.

DATE REC'D BY LOCAL REG. 4-9-49

REGISTRAR'S SIGNATURE: John Mace, J. M.D.

24. FUNERAL DIRECTOR: Grason or Bro

ADDRESS: Church Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03728

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock | LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) F. (Last) Hope

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: November 19, 1877

9. AGE last birthday: 71 yrs. | If under 1 year: Months. Days. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Accomac County Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thomas Johnson

14. MOTHER'S MAIDEN NAME: Rachael Bradford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Rev. Coly S. Hope

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	5 yrs +
	(c) Hemiplegia - from earlier Hemorrhages.	5 yrs.

331
830

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1944, to April, 1949, that I last saw the deceased alive on April 4, 1949, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W C Harrison M D — ADDRESS Hurlock Md. — DATE SIGNED 4/6/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE April 7, 1949 | NAME OF CEMETERY OR CREMATORY Washington Cemetery | LOCATION (City, town, or county) (State) Hurlock, Maryland

DATE REC'D BY LOCAL REG. April 7-49 | REGISTRAR'S SIGNATURE Chas. O Hastings

24. FUNERAL DIRECTOR — ADDRESS J. J. Frampton and Son, Fredericksburg, Md.

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APR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03729

CERTIFICATE OF DEATH

Reg. Dist. No. 11 C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hughes Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): Hughes Street

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) (Last) Jones

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Married	March 4, 1892	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Dorchester County Maryland	U.S.A.

13. FATHER'S NAME: No data available

14. MOTHER'S MAIDEN NAME: Mahaly Conaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		222-10-6486	Charlie E. Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Uremia — Interval between onset and death: 3 days

131b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic nephritis

(c) Arterio sclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5th April, 1949, to 6th April 49, that I last saw the deceased alive on April 5, 1949, and that death occurred at 1 4 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert E. Butler	M.D.	9 Race St., Cambridge Md	4-8-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	April 10, 1949	Thompsontown Cemetery	Near East New Market Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-11-49	John Mace, J. M.D.	J. J. Trampton and Son	Frederalsburg, Md.

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03730

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) 56 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS 129 Mill St.	STREET ADDRESS (If rural give location) 129 Mill St.

3. NAME OF DECEASED (Type or Print) (First) Mary Elizabeth (Middle) Mace (Last) Lake				4. DATE OF DEATH (Month) April (Day) 5 (Year) 1949			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1/31/'72	9. AGE last birthday 77 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Dorchester Co., Md.			12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME George A, Mace			14. MOTHER'S MAIDEN NAME Mary Josephine Tubman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Edwin S. Lake, 129 Mill St., Cambridge				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490 Immediate cause (a) ACUTE LOBAR PNEUMONIA — 24 HOURS

Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) BEDRIDDEN FOR YEARS DUE TO FRACTURED HIP.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 JAN, 1949, to 5 APRIL, 1949, that I last saw the deceased alive on 4 APRIL, 1949, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter E. Gunty Jr.	M.D.	105 Church St. Cambridge Md	7 April 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4/7/'49	NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park	LOCATION (City, town, or county) (State) Cambridge, Md.
DATE REC'D BY LOCAL REG. April 8. 1949	REGISTRAR'S SIGNATURE John Mace, Jr. M.D.	24. FUNERAL DIRECTOR Kenneth R. Thomas	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03731

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 304 Choptank Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 304 Choptank Ave.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) V. (Last) Littrell

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/28/'68

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Princess Anne, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Folling

14. MOTHER'S MAIDEN NAME: Sarah (last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Guy E. Andrews, 304 Choptank Ave. Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) CEREBRAL HEMORRHAGE LEFT — 2 days.

830 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) GENERALIZED ARTERIOSCLEROSIS.
(c) HYPERTENSION ESSENTIAL

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 1949, to 4/5, 1949, that I last saw the deceased alive on 4/5, 1949, and that death occurred at 8:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. E. Andrews — ADDRESS Cambridge Maryland — DATE SIGNED 4/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 4/8/'49 | NAME OF CEMETERY OR CREMATORY: Solomons Island Cemetery | LOCATION (City, town, or county) Solomon, Md. (State)

DATE REC'D BY LOCAL REG. April 8, 1949 | REGISTRAR'S SIGNATURE John Mace, J. M.D.

24. FUNERAL DIRECTOR: Kenneth B. Thomas — ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03732

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Cambridge
LENGTH OF STAY (in this place): 3yrs 1mo 21days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: St. Michael's — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) MARSHALL (Last)

4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: APRIL 5 1860 Unknown

9. AGE last birthday: 88 yrs. — If under 1 year: Months. 11 Days 29 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: XXXXXX

11. BIRTHPLACE (State or foreign country): Talbot County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Matilda Yewell Talbot Co Md

14. MOTHER'S MAIDEN NAME: JASPER Tarr Talbot Co. Md

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: XXXXXXXXXXX

17. INFORMANT: Records of the Eastern Shore State Hospital, Rural Cambridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Paralysis	6days
331 Antecedent cause(s)	Cerebral Hemorrhage	6days
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	3years
	(c) Arteriosclerosis	3years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1947, to April 3, 1949, that I last saw the deceased alive on April 3, 1949, and that death occurred at 9:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Robert Bertrand May, M.D. Cambridge Maryland 4-3-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 4/6/49 | NAME OF CEMETERY OR CREMATORY: Olivet Cemetery | LOCATION (City, town, or county) (State): St. Michaels, Talbot Co. Md

DATE REC'D BY LOCAL REG.: 4-5-49 | REGISTRAR'S SIGNATURE: John Mace, Jr. M.D. | 24. FUNERAL DIRECTOR ADDRESS: Newnam & Harrison, St. Michaels Md

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03733

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 William Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 5 William Street

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) A. (Last) McALLISTER

4. DATE OF DEATH (Month) April (Day) 30, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 2/25/1901

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: Lawyer

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin McAllister

14. MOTHER'S MAIDEN NAME: Susan Geohegan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. Agnes McAllister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — INSTANT

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 APRIL, 1949, to 30 APRIL, 1949, that I last saw the deceased alive on 30 APRIL, 1949, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter E. Hunt M.D. 105 Church St. 3 MAY 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 5/2/1949 | NAME OF CEMETERY OR CREMATORY: Christ Church Cemetery | LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG. 5-4-49 | REGISTRAR'S SIGNATURE: John Mace, J. M. D. | 24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service Cambridge, Maryland.

RECEIVED
MAY 5 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03734

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) About 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 William Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 5 William Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) SUSAN GEOHEGAN McALLISTER

4. DATE OF DEATH (Month) (Day) (Year) April 10, 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5/3/1876
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Dorchester Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME A. Fillmore Geohegan
14. MOTHER'S MAIDEN NAME Margaret Maguire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT James A. McAllister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) LEFT CEREBRAL HEMORRHAGE (SUBARACHNOID)

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) GENERALIZED ARTERIOSCLEROSIS

(c) HYPERTENIVE CARDIOVASCULAR DISEASE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1949, to 4/10, 1949, that I last saw the deceased alive on 4/10, 1949, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Cambridge Maryland 4/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/13/1949
NAME OF CEMETERY OR CREMATORY Christ Church Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. 4-16-49
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland.

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BUREAU V. S.

03735

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH· COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge — LENGTH OF STAY (in this place) 46 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aireys-RFD # 2	STREET ADDRESS (If rural give location) Aireys-RFD # 2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): CLINTONIA BELLE BECKWITH McKNETT

4. DATE OF DEATH (Month) (Day) (Year): April 1, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/6/1888

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles W. Beckwith

14. MOTHER'S MAIDEN NAME: Clara E. Seward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Miss Sarah E. McKnett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion (Found dead in bed)	?
260 Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Violetta Mellitus coronary heart disease	several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Not at all, 19....., to....., 19....., that I last saw the deceased alive on Not at all, 19....., and that death occurred at about 2 A. m., from the causes and on the date stated above.

SIGNATURE: John Mace Jr. M.D. Deputy Medical Examiner — (Degree or title) — ADDRESS: Cambridge Md. — DATE SIGNED: 4/1/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4/3/1949 — NAME OF CEMETERY OR CREMATORY: East New Market Cem. — LOCATION (City, town, or county) (State): East New Market, Maryland

DATE REC'D BY LOCAL REG.: 4-4-49 — REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR: LeCompte's Funeral Service — ADDRESS: Cambridge, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

03736

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Dorchester
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Crocheron
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crocheron

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Crocheron
STREET ADDRESS (If rural give location) Crocheron

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) JAMES AVERY MILLS

4. DATE OF DEATH (Month) (Dey) (Year) April 23, 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1/3/1867

9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10b. KIND OF BUSINESS OR INDUSTRY Seafood

11. BIRTHPLACE (State or foreign country) Dorchester Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward G. Mills

14. MOTHER'S MAIDEN NAME Margaret 'Mills'

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. No

17. INFORMANT Mr. Gordy E. Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 8 hours

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16, 1948, to 4/23, 1949, that I last saw the deceased alive on 4/23, 1949, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. D. Cambridge Maryland 4/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/25/1949

NAME OF CEMETERY OR CREMATORY Bethany Church Cem.

LOCATION (City, town, or county) (State) Crocheron, Dor., Co., Md.

DATE REC'D BY LOCAL REG. 4-28-49

REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland

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APR 29 1949
BUREAU V. S.

Hugh Brown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03737

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY: Dorchester
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5 Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): 5 Church Street

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last): WALTER WHITE MOWBRAY

4. DATE OF DEATH: (Month) (Day) (Year): April 7, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 7/1/1883

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Type Setter

10b. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William L. Mowbray

14. MOTHER'S MAIDEN NAME: Martha S. White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): - - -

16. SOCIAL SECURITY No.: 214-07-7832

17. INFORMANT: Mrs. Dula B. Mowbray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Sudden
Antecedent cause(s)	(b) Osteosarcoma Lumbar Sacral Region	5 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

196
55 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/1, 1949, to 4/7, 1949, that I last saw the deceased alive on 4/7, 1949, and that death occurred at 2:15 P m., from the causes and on the date stated above.

SIGNATURE: Hugh Brown (Degree or title): MD ADDRESS: Cambridge DATE SIGNED: 4/8/49 Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 4/10/1949
NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: 4-11-49
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR / ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03738

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 13 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Maryland Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 134 Locust Street

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last): HERBERT HOMER MURPHY

4. DATE OF DEATH: (Month) (Day) (Year): April 19, 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/11/1885

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sea Food Packer

10b. KIND OF BUSINESS OR INDUSTRY: Sea Food

11. BIRTHPLACE (State or foreign country): Bishops Head, Dor., Md

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John M. Murphy

14. MOTHER'S MAIDEN NAME: Laura E. Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Rev. Geo. H. Murphy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Cerebral hemorrhage — 36 hrs.

260

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

61

(b): Hypertensive cardio-vascular-renal-disease

(c): Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 1949, to 4-19, 1949, that I last saw the deceased alive on 4-19, 1949 and that death occurred at 9:25 P m., from the causes and on the date stated above.

SIGNATURE: John Mace, J. M.C. (Degree or title) — ADDRESS: Cambridge, Maryland — DATE SIGNED: 4-21-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/22/1949 — NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Pk — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: 4-21-49 — REGISTRAR'S SIGNATURE: John Mace, J. M.D.

24. FUNERAL DIRECTOR — ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland

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BUREAU V. S.

Dr. J. U. Thompson

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03739

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 33 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 200 Sunburst Highway

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): 200 Sunburst Highway

3. NAME OF DECEASED (Type or Print): (First) (Middle) GEORGIA DUKES PHELPS (Last)

4. DATE OF DEATH: (Month) April (Day) 6, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/10/1873

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Caroline Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George T. Dukes

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Towers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Lucy Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C.V.D. Failure — Interval Between Onset and Death: 2 mos

422.1 / 932

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis Generalized — P

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Cambridge (CITY OR TOWN) Dor. (COUNTY) Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to Apr. ....., 1949, that I last saw the deceased alive on Apr. 2, 1949, and that death occurred at 5 P. m. from the causes and on the date stated above.

SIGNATURE: James A Monerson (Degree or title) M.D. ADDRESS: Cambridge, Md DATE SIGNED: Apr. 8, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 4/9/1949
NAME OF CEMETERY OR CREMATORY: Union Grove Cemetery
LOCATION (City, town, or county) (State): Nr. Preston, Maryland

DATE REC'D BY LOCAL REG. 4-11-49
REGISTRAR'S SIGNATURE: John Mace Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland

RECEIVED
APR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03740

CERTIFICATE OF DEATH

Reg. Dist. No. 1.6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Hr P.H. Cambridge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~COUNTY~~ Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; STREET ADDRESS (If rural give location) R.F.D. #2

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) L. (Last) Pinder

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 12, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Moses Young

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Everett Pinder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450 0 Immediate cause (a) Generalized Arterio sclerosis

97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Progressive Hard Asthma

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7th Mar., 19....., to....., 19....., that I last saw the deceased alive on Feb. 7th, 19 49., and that death occurred at 1 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Mary Steele ADDRESS Cambridge Md. DATE SIGNED 4-29-1949

23. BURIAL, CREMATION REMOVAL (Specify): Dorchester County; DATE THEREOF May 1 1949; NAME OF CEMETERY OR CREMATORY Fork Neck; LOCATION (City, town, or county) Fork Neck (State) Md.

DATE REC'D BY LOCAL REG. 5-2-49; REGISTRAR'S SIGNATURE Jean Mace, J. M.D.

24. FUNERAL DIRECTOR Lewis Bayleen ADDRESS

VS. A15

RECEIVED
MAY 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03741

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. (Bailey Road)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) R.F.D. (Bailey Road)

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Alexander (Last) Pinder

4. DATE OF DEATH (Month) April (Day) 18 (Year) 1949

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 9/11/1871
9. AGE last birthday 77 yrs. If under 1 year Months 7 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Cambridge Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Pinder
14. MOTHER'S MAIDEN NAME Lucy Holiday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Granvil Pinder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 4 mos.

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-21, 1949, to 4-18, 1949, that I last saw the deceased alive on 4-18, 1949, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE J. Edwin Fassett (Degree or title) MD. ADDRESS Cambridge Md. DATE SIGNED 4-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Apr. 21, 49
NAME OF CEMETERY OR CREMATORY Waugh Cemetery
LOCATION (City, town, or county) Cambridge, (State) Md

DATE REC'D BY LOCAL REG. 4-20-49
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR Herbert M. St. Clair, Jr ADDRESS Cambridge, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03742

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 26 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 104 Gay Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): DORIS BRADSHAW PINK

4. DATE OF DEATH (Month) (Day) (Year): April 28, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/26/1900

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H. Bradshaw

14. MOTHER'S MAIDEN NAME: Josephine Lord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Irwin F. Pink

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

241 Immediate cause (a) BRONCHIAL ASTHMA — 3 WEEKS

112 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) BACTERIAL ALLERGY

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 APRIL 1949 to 28 APRIL 1949, that I last saw the deceased alive on 28 April, 1949, and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter E. Hurley M.D. Cambridge Md. 4-29-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/30/1949

NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Pk.

LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: 4-30-1949

REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland

VS. A15

RECEIVED
MAY 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03743

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 23 yrs. 7 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Pryor

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 26, 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North East, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Pryor

14. MOTHER'S MAIDEN NAME: Emma Marcus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 **Immediate cause** (a) Cerebral Hemorrhage — 4/27/49

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1948, to April 27, 1949, that I last saw the deceased alive on April 27, 1949, and that death occurred at 10:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

R. H. Blackwelder, M.D. — E.S.S.H., Cambridge — 4/29/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4-30-49 — NAME OF CEMETERY OR CREMATORY: C.P.S. Hospital Grounds — LOCATION (City, town, or county): Cambridge — (State): md

DATE REC'D BY LOCAL REG.: 5-2-1949 — REGISTRAR'S SIGNATURE: John Mace, J. M.D. — 24. FUNERAL DIRECTOR: Kenneth R. Thomas — ADDRESS: Cambridge, Md.

RECEIVED
MAY 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03744

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 17yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Cambridge COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 308 Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Houston (Last) Reid

4. DATE OF DEATH: (Month) April (Day) 15, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 20, 1877

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bridge Tender retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Dorchester Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaih Reid

14. MOTHER'S MAIDEN NAME: Laura Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service) Spanish Am.

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Alverta Reid, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 1 hour

420.1 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic Cardio Vascular

(c) Renal Disease about 1 year.?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) Cambridge (COUNTY) Dorchester (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1949, to April 15, 1949, that I last saw the deceased alive on April 15, 1949, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldridge H. Wolff, M.D. ADDRESS Cambridge Maryland DATE SIGNED 4-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE April 17, 1949

NAME OF CEMETERY OR CREMATORY Dorchester Memorial

LOCATION (City, town, or county) Park Cambridge, Md (State)

DATE REC'D BY LOCAL REG. 4-18-49

REGISTRAR'S SIGNATURE John Mace, J. M.D.

24. FUNERAL DIRECTOR Kenneth R. Thomas ADDRESS Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03745

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) about 30 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hospital	STREET ADDRESS (If rural give location) 118 Locust Street

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) WESLEY (Last) RUARK				4. DATE OF DEATH (Month) April (Day) 15, (Year) 19 49		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH 1-17-1864	9. AGE last birthday 85 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship Captain-Retired	10b. KIND OF BUSINESS OR INDUSTRY Shipping	11. BIRTHPLACE (State or foreign country) Hoopers Is., Dor. Co., Md	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William T. Ruark		14. MOTHER'S MAIDEN NAME Rebecca Parker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Alfred W. G. Hoge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 **Immediate cause** (a) Cerebral hemorrhage — 1 day

830 **Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4-14, 19 49, to 4-15, 19 49, that I last saw the deceased alive on 4-15, 19....., and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John Macy J. M.D.	Cambridge, Maryland	4-16-49

23. BURIAL / CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/17/1949	Cambridge Cemetery	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-16-49	John Macy J. M.D.	LeCompte's Funeral Service Cambridge, Maryland

RECEIVED
APR 18 1949
BUREAU V. S.

03746

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 308 Muir Street

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) Maynadier (Last) St. Clair, Jr
4. DATE OF DEATH (Month) (Day) (Year) April 12, 1949

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 2/1/1868
9. AGE last birthday 81 yrs. If under 1 year Months 2 Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Store
11. BIRTHPLACE (State or foreign country) Cambridge Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Cyrus St. Clair
14. MOTHER'S MAIDEN NAME Annetta Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Herbert M. St. Clair Jr

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

819.5 Immediate cause (a) Intracranial injury

Antecedent cause(s) Fracture base skull

170 c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compressed, comminuted fracture nasal bone

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Near Millington (COUNTY) Kent (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) April 8, 49 5:10 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Auto collision

22. I hereby certify that I attended the deceased from 4/8/, 1949, to 4/12/, 1949, that I last saw the deceased alive on 4/12/, 1949 and that death occurred at 9.20 A.m., from the causes and on the date stated above.

SIGNATURE John Moore Jr (Degree or title) M.O. Deputy Medical Examiner
ADDRESS Cambridge, Md.
DATE SIGNED 4/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 17, '49
NAME OF CEMETERY OR CREMATORY Waugh Cemetery
LOCATION (City, town, or county) Cambridge (State) Md

DATE REC'D BY LOCAL REG. 4-14-49
REGISTRAR'S SIGNATURE John Moore, Jr. M.D.
24. FUNERAL DIRECTOR Herbert M. St. Clair Jr
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03747

CERTIFICATE OF DEATH

Reg. Dist. No. 118

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural; MARYLAND; LENGTH OF STAY (in this place) 5½ years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Eldorado Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural; STREET ADDRESS (If rural, give location) Eldorado Road

3. NAME OF DECEASED (Type or Print): (First) Joel (Middle) E. (Last) Sartain

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: January 20, 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer & Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Farm & Store

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Joel Sartain

14. MOTHER'S MAIDEN NAME: No data available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Nellie Sartain

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Nephritis — Interval Between Onset and Death: 1 yr +

450.0 Antecedent cause(s)

13/a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — 5 yrs +

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 46, 19.., to April ..., 19.., that I last saw the deceased alive on April 26, 1949, and that death occurred at 7:35 A. m., from the causes and on the date stated above.

SIGNATURE W C Harrison M D (Degree or title) ADDRESS Hurlock Md. DATE SIGNED 4/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 1, 1949 — NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery — LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: May 1 1949 — REGISTRAR'S SIGNATURE: Chas W Hastings

24. FUNERAL DIRECTOR: J.J. Frampton and Son, Federalsburg, Md. — ADDRESS

VS.-A15

RECEIVED
MAY 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03748

Reg. Dist. No. 116

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) about 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 1 Church Street

3. NAME OF DECEASED (Type or Print) (First) SALLIE (Middle) ROBERTSON (Last) STEELE

4. DATE OF DEATH (Month) April (Day) 25, (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Unknown

9. AGE last birthday 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Somerset Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Dr. Samuel Robertson

14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mr. Laird Henry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — 5 min.

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Mac J. McC. (Degree or title) ADDRESS Deputy Medical Examiner, Cambridge, Md. 4-25-49 DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-27-49 | NAME OF CEMETERY OR CREMATORY Christ Church Cemetery | LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. 4-28-49 | REGISTRAR'S SIGNATURE John Mac J. M.D. | 24. FUNERAL DIRECTOR LeCompte's Funeral Service ADDRESS Cambridge, Maryland

RECEIVED
APR 29 1949
BUREAU V. S.

03749

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH · COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market — LENGTH OF STAY (in this place) All life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 1	STREET ADDRESS (If rural give location) R.F.D. 1

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) H. (Last) Thomas				4. DATE OF DEATH (Month) April (Day) 8 (Year) 1949			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH About 1866	9. AGE last birthday About 82 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME No data available			14. MOTHER'S MAIDEN NAME No data available				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Charles W. Thomas				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — Instant

940 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Not at all, to ....., 19....., that I last saw the deceased alive on Dead on arrival, 19....., and that death occurred at About 3 A.M. m., from the causes and on the date stated above.

SIGNATURE John [signature] (Degree or title) Deputy Medical Examiner — ADDRESS Cambridge, Md. — DATE SIGNED 4/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF April 12, 1949	NAME OF CEMETERY OR CREMATORY Thompsontown Cemetery	LOCATION (City, town, or county) (State) Near East New Market, Maryland
DATE REC'D BY LOCAL REG. April 11-49	REGISTRAR'S SIGNATURE Elizabeth C. Smith	24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 20 1949
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

037510

FILM No. G 120 APR 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek R.F.D. / LENGTH OF STAY (in this place) all life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crapo
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. (Lina's Rd.)	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Albanus	(Middle)	(Last) Todd	4. DATE OF DEATH	(Month) April	(Day) 18 (Year) 19 49
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 10-10-1895	9. AGE last birthday 53 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Lakesville, Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Todd		14. MOTHER'S MAIDEN NAME Susanna Travers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Alton Hooper	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1

940a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Not at all, 19..., to..., 19..., that I last saw the deceased alive on Dead on arrival, 19..., and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John Mace Jr. M.D. Deputy Medical Examiner — ADDRESS Cambridge, Md. — DATE SIGNED 4/18/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 4-21-49	NAME OF CEMETERY OR CREMATORY Lina's Rd. Cemetery	LOCATION (City, town, or county) (State) Lakesville, Maryland	
DATE REC'D BY LOCAL REG. 4-21-1949	REGISTRAR'S SIGNATURE John Mace Jr. M.D.	24. FUNERAL DIRECTOR Lewis H. Bayneum	ADDRESS Cambridge, Md.	

VS. A15

RECEIVED
APR 22 1949
BUREAU V. S.

Evidence for change in birth date and age shown on:

FILM No. G 120 APR 26 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03751

Reg. Dist. No. 1-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R2D - Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lewis Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R2D - Cambridge
STREET ADDRESS Lewis Road (If rural give location)

3. NAME OF DECEASED (Typo or Print): (First) Lewis (Middle) T. (Last) Todd

4. DATE OF DEATH: (Month) April (Day) 8, (Year) 1949

5. SEX: Mal
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 18, 1880 68 69 yrs.
9. AGE last birthday: If under 1 year Months 3 Days 20 | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Lewis Road
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Spencer Todd
14. MOTHER'S MAIDEN NAME: Lizie Dellen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Sarah Todd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
434.3	Immediate cause	(a) Cardiac decompensation	2 mos
95C	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	10 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7, 1949, to April 8, 1949, that I last saw the deceased alive on April 8, 1949, and that death occurred at 6 P.m., from the causes and on the date stated above.

SIGNATURE: Alfred R. Maryanow (Degree or title) M.D. ADDRESS 136 Race St, Cambridge Md DATE SIGNED 4/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 12
NAME OF CEMETERY OR CREMATORY Stafford Cemetery
LOCATION (City, town, or county) (State) Church Creek Md

DATE REC'D BY LOCAL REG. 4-13-49
REGISTRAR'S SIGNATURE John Mace, J. M.D.
24. FUNERAL DIRECTOR Lewis H Baynew ADDRESS Cambridge, Md.

VS. A15

RECEIVED
APR 16 1949
BUREAU V. S.

Evidence for addition of #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03752

CERTIFICATE OF DEATH

FUM No. G 1[illegible] MAY 25 1949

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Fishing Creek
STREET ADDRESS (If rural give location) Fishing Creek

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) E. (Last) TRAVERS
4. DATE OF DEATH: (Month) April (Day) 24, (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: ABT. 1875
9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Somerset Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Mary Kelly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: Mr. Henry N. Travers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arterio sclerotic nephritis	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic Heart Disease	unknown
900.0	Cerebral Hemorrhage	5 days
186a	(c) Fracture neck right femur	10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home (CITY OR TOWN): Cambridge (COUNTY): Darch. (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 4/14/49 m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Fell out the back door at daughter's house. 5/24/49-gs

22. I hereby certify that I attended the deceased from April 14, 1949, to April 24, 1949, that I last saw the deceased alive on April 21, 1949, and that death occurred at 11 20 p.m., from the causes and on the date stated above.

SIGNATURE: Lawrence Maryanov (Degree or title): M.D. ADDRESS: 136 Race St. - Cambridge, Md. DATE SIGNED: 4/26/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4/27/1949
NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Pk
LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: 4-28-49
REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.
24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service Cambridge, Maryland.

VS. A15

RECEIVED
APR 29 1949
BUREAU V. S.

1949
74
1875

Evidence for Change in Age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

03753

FILM No. G 120 MAY - 6 1949 FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - - Hurlock
LENGTH OF STAY (In this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural - Hurlock

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Hurlock (Waddell's Corners)
STREET ADDRESS (If rural, give location) Tennant house of Calvin Saunders

3. NAME OF DECEASED (Type or Print): (First) JASPER (Middle) WILLINGHAM (Last)

4. DATE OF DEATH: (Month) April (Day) 20th. (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 15, 1911

9. AGE last birthday: ~~38~~ 37 yrs. If under 1 year: Months - Days - If under 24 hrs.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Rockford, Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Dorchester County Sheriff's Office Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
983 Immediate cause	(a) Contusion of brain & Intra-cranial hemorrhage	Unknown
195 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Massive fracture of the skull	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis of the lungs

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: - - - -

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY - - -

(CITY OR TOWN) Rural, Hurlock (COUNTY) Dorchester (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): Apr. 20 1949 ? m.

INJURY OCCURRED While at work ☒ Not while at work ☐ ??

HOW DID INJURY OCCUR? Blows by a heavy blunt instrument

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: Eldridge H. Wolff M.D. (Degree or title) ADDRESS: M.D. Acting Deputy Medical Examiner Cambridge, Maryland DATE SIGNED: April 23'49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-23-49

NAME OF CEMETERY OR CREMATORY: Waugh Cemetery

LOCATION (City, town, or county) (State): Cambridge, Dorchester, Md.

DATE REC'D BY LOCAL REG.: 4-29-1949

REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr., Cambridge, Md.

ADDRESS

RECEIVED
APR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03754

CERTIFICATE OF DEATH

Reg. Dist. No. 118

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Bishops Head | LENGTH OF STAY (in this place) About 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bishops Head

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Bishops Head
STREET ADDRESS (If rural give location) Bishops Head

3. NAME OF DECEASED (Type or Print): (First) (Middle) CORA TODD WINGATE (Last)

4. DATE OF DEATH: (Month) (Day) (Year) April 19, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 10/12/1891

9. AGE last birthday: 57 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crab picker & oysterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Todd

14. MOTHER'S MAIDEN NAME: Clara Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 218-01-5251

17. INFORMANT: Mrs. Harry Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis, acute — 1 hr.

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerosis severe — 7 years

(c) Hypertensive CVD — 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1947, to Jan, 1949, that I last saw the deceased alive on Jan 25, 1949, and that death occurred at 5:04 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James A Thompson M.D. Cambridge, Md Apr 19, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 4/21/1949 | NAME OF CEMETERY OR CREMATORY: Wingate Family Cem. | LOCATION (City, town, or county) (State): Bishops Head, Dor. Co., MD

DATE REC'D BY LOCAL REG.: Apr 21 1949 | REGISTRAR'S SIGNATURE: Wilson D Pritchett

24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland.

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03755

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Madison; LENGTH OF STAY (In this place) 75 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Madison

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Madison; STREET ADDRESS (If rural give location) Madison

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) BENJAMIN (Last) WOOLLEN

4. DATE OF DEATH: April 3, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 6/1/1865

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Store

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjmin Woollen

14. MOTHER'S MAIDEN NAME: Elizabeth Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mr. J. Marvin Woollen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval between onset and death: ?

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Not at all, 19..., to ..., 19..., that I last saw the deceased alive on Dead on arrival, 19..., and that death occurred at About 2 A. M., from the causes and on the date stated above.

SIGNATURE John Marvin Woollen M.D. (Degree or title) Deputy Medical Examiner

ADDRESS Cambridge, Md.

DATE SIGNED 4/4/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 4/5/1949

NAME OF CEMETERY OR CREMATORY Old Trinity Cemetery

LOCATION (City, town, or county) (State) Church Creek, Maryland

DATE REC'D BY LOCAL REG. 4-4-49

REGISTRAR'S SIGNATURE John Marvin Woollen, J. M. D.

24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland.

RECEIVED
APR 5 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03756

Reg. Dist. No. 115

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Andrews
LENGTH OF STAY (In this place) entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dorchester COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Andrews
STREET ADDRESS (If rural give location) Andrews, Md.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Wroten

4. DATE OF DEATH (Month) April (Day) 28 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 27, 1945
9. AGE last birthday 3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Lee Wroten
14. MOTHER'S MAIDEN NAME Iva Marie Insley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Lee Wroten, Andrews, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
85.1	Immediate cause	(a) Bronchial Pneumonia (Secondary)	3 days
35	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Measles and Chicken Pox	10 days
		(c) none	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION no
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1949, to April 28 1949 that I last saw the deceased alive on April 27, 1949, and that death occurred at 4 45 A.m., from the causes and on the date stated above.

SIGNATURE James W. Meade (Degree or title) ADDRESS Fishing Creek Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 1, 1949
NAME OF CEMETERY OR CREMATORY Wroten Family Cemetery
LOCATION (City, town, or county) Andrews, (State) Maryland

DATE REC'D BY LOCAL REG. Apr 29/49
REGISTRAR'S SIGNATURE James W. Meade
24. FUNERAL DIRECTOR Kenneth R. Thomas ADDRESS Cambridge, Md

RECEIVED
MAY 4 1949
BUREAU V. S.